

G

CHFP080

FORM No 600

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

600

Please do not
Write in this margin

Please complete
legibly
preferably
in black type or
bold block
lettering

*Insert full name
of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies
(Address Overleaf)

For official use

Company number

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08642363

Name of Company

* CAPACITY HOUSE LIMITED

Nature of Business

DEVELOPMENT OF BUILDING PROJECTS

I/We give notice that I/We have been appointed liquidator(s) of the above company on 5 APRIL 2016

The appointment was by ~~Creditors~~ MEMBERS

Type of liquidation ~~Creditors~~ MEMBERS

Name of Liquidator	Helen Whitehouse
Office holder number	9680
Address	10 St Helens Road Swansea SA1 4AW

Signature 

Date 18 APRIL 2016

Name of Liquidator	Simon Barriball
Office holder number	11950
Address	10 St Helens Road Swansea SA1 4AW

Signature 

Date 18 APRIL 2016

Presentor's name and address and
reference (If any)

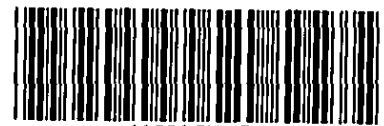
McAlister & Co Insolvency
Practitioners Ltd
10 St Helens Road
Swansea
SA1 4AW

Time Critical Reference

For Official Use
General Section

Post room

WEDNESDAY



A55AGW0P

A19

20/04/2016

#76

COMPANIES HOUSE